## DISCLOSURE OF OWNERSHIP/PRINCIPALS

Buelmann Entite To		8						
Business Entity Ty	_	Limited Liability	Corporatio	n   Trus	Non-Profit	Other		
Proprietorship	Partnership	Company		ı Li ilus	Organization	LIOTHEI		
Business Designat	TWBE	e select all that apply	y) 		□ VET	DOVET	□ES8	
Minority Business	Women-Owned		1-1-11	Challenged	Veteran Owned	Disabled Veteran	Emerging Small	
Enterprise	Business Enterprise	Enterprise	Business I		Business	Owned Business	Business	
				11.0	3			
Number of Cla	Number of Clark County Nevada Residents Employed: 49							
Corporate/Business Entity Name:		RAFASL CONSTRUCTION INC.						
(Include d.b.a., if a	pplicable)						-	
Street Address:		5870 Can	5870 CONSTRUCTION AVS.		Website: WALV. RAFAELCONSTRUCTION. COM			
City, State and Zip Code:		LAS V36AS, NV. 89122		1/22	POC Name: RAFAEL MEDINA, JR. Email: RAFAEL RAFAELCONPANISS. CON			
Telephone No:		702-451-	- 5511		Fax No: 702 -451 - 6111			
Nevada Local Stre	et Address:				Website:			
(If different from al		SAMZ	As ABO	VS				
City, State and Zip Code:					Local Fax No:			
					Local POC Name:			
Local Telephone No:					Email:			
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## DISCLOSURE OF RELATIONSHIP

List any disclosures below: (Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT				
NA							
* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.  "Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.  "To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:  • Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)  • Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)							
For County Use Only:							
If any Disclosure of Relationship is noted above, please complete the following:							
Yes No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?  Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract?							
Notes/Comments:	oloyee(s) noted above involved in any	way with the business in performance	of the contract?				
Signature  Print Name Authorized Department Representati							